



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY  
BREATH ALCOHOL PROGRAM  
INTOX DMT MAINTENANCE REPORT

RECEIVED

By Carol Day at 11:26 am, May 28, 2015

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days).

Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service.

Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

INTOX DMT SN 500079	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 05/26/2015
LOCATION OF INSTRUMENT (STREET AND CITY) 65 Business Park Dr., Troy, Missouri 63379		TIME OF INSPECTION 10:52:05

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or is operating within established limits. (Write in observed values where determined). Unmarked items must be corrected before using instrument.

☒ DIAGNOSTIC RECORD

DATE AND TIME <u>05/26/2015 10:52:07</u>	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTER 1
<input checked="" type="checkbox"/> SAMPLE CHAMBER <u>48.7°C</u>	<input checked="" type="checkbox"/> FILTER 2
<input checked="" type="checkbox"/> BREATH TUBE <u>47.9°C</u>	<input checked="" type="checkbox"/> FILTER 3
<input checked="" type="checkbox"/> PUMP	<input checked="" type="checkbox"/> INTERNAL STANDARD

BREATH ANALYZER ACCURACY STANDARDS

<input checked="" type="checkbox"/> SIMULATOR STANDARD	<input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>GUTH</u>	LOT # <u>13280</u> EXP. DATE <u>10/16/2015</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.0</u>	SIMULATOR SN <u>MP2152</u> SIMULATOR EXP DATE <u>06/17/2015</u>

☒ CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)  
Run three tests using a standard. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard being used.

- ☒ 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE  
☐ 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE  
☐ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1: 0.102	TEST 2: 0.102	TEST 3: 0.102
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☒ PERFORM R.F.I. TEST

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:

REFUSALS: 0	0-.04: 1	.05-.09: 0	.10-.14: 1	.15-.19: 3	OVER .19: 2
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LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)

Bol. #204

INSPECTING OFFICER

SIGNATURE 	PRINT FULL NAME STEVE BIELAWSKI	
TYPE II PERMIT NUMBER 240045	EXPIRATION DATE 03/07/2016	TELEPHONE NUMBER 636-300-2800

RETURN COMPLETED REPORT TO THE Breath Alcohol Program, MO Department of Health and Senior Services  
Southeast District Office  
2875 James Blvd, Poplar Bluff, MO 63901



**GUTH LABORATORIES, INC.**

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-664-6470

## CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13280 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on October 18, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1217% (w/vol) ethyl alcohol. The expiration date for this lot number is October 16, 2015 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 3%.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President  
GUTH LABORATORIES, INC.

***NIST Traceability:***

*Testing was conducted using Certiliant Reference Standard lot number FN122211-02 whose values are traceable to NIST.*

*All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.*



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BLOOD ALCOHOL TEST REPORT - INTOX DMT

FORM #11

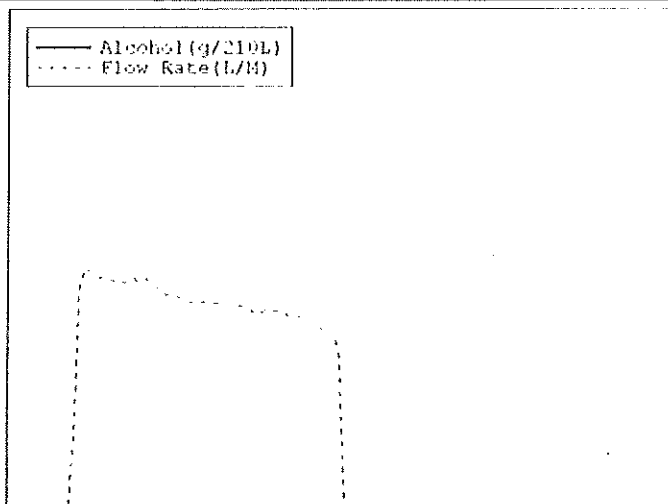
LOCATION OF INSTRUMENT 65 Business Park Dr., Troy, Missouri 63379		INSTRUMENT SERIAL NUMBER 500079	DATE OF TEST 05/26/2015	TIME OF TEST 11:09:04
SUBJECT NAME THIS IS A TEST			DATE OF BIRTH 10/10/1955	
SEX M	SUBJECT DRIVER'S LICENSE NUMBER 1234567890		STATE MO	
ARRESTING OFFICER THIS IS A TEST		ARRESTING OFFICER ID 100		
OPERATOR STEVE BIELAWSKI		OPERATOR PERMIT 240045	PERMIT EXP DATE 03/07/2016	

OPERATIONAL CHECKLIST: INTOX DMT

- ☒ 1. Examination of mouth conducted. If any substance is observed or indicated to be present, the substance observed or indicated must be removed prior to starting the 15 minute observation period.
- ☒ 2. Subject observed for at least 15 minutes by STEVE BIELAWSKI. No smoking, oral intake or vomiting during this time; if vomiting occurs, start over with the 15 minute observation period.
- ☒ 3. Assure that the power switch is ON and the screen is displaying "Ready <Push Run>".
- ☒ 4. Press the Run button on the display screen.
- ☒ 5. Enter subject and officer information.
- ☒ 6. When display reads "Please Blow" and gives audible beep, insert mouthpiece and take the subject's breath sample.

SUBJECT TEST RESULTS

BLANK TEST	0.000	11:10
INTERNAL STANDARD	VERIFIED	11:10
SUBJECT SAMPLE (Vol=3.34L)	0.000	11:10
BLANK TEST	0.000	11:11



COMMENTS

CERTIFICATION BY OPERATOR

As set forth in the rules promulgated by the Department of Health and Senior Services related to the determination of blood alcohol by breath analysis, I certify that:

BAC  
0.000

- ☒ 1. There was no deviation from the procedure approved by the department.
- ☒ 2. To the best of my knowledge the instrument was functioning properly.
- ☒ 3. I am authorized to operate the instrument.
- ☒ 4. No radio transmission occurred inside the room where and when this test was being conducted.

SIGNATURE OF OPERATOR 	DATE 05/26/2015
WITNESS (IF ANY)	DATE 05/26/2015



STATE OF MISSOURI  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BREATH ALCOHOL PROGRAM



**PERMIT**  
**TYPE II**  
**STEVE M BIELAWSKI**

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):


**DATAMASTER, INTOX DMT**

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 3/7/2014

NUMBER 240045

EXPIRES 3/7/2016

  
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

  
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 450.517 (1-10)

LAB-0105-10

 STATE OF MISSOURI  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BREATH ALCOHOL PROGRAM

**INSTRUMENT OPERATOR CARD**

The named operator is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.



Operator **BIELAWSKI, STEVE**  
Permit No **240045**  
Date Issued **3/7/2014** Date Expires **3/7/2016**